A Test of a *Model of Care Seeking* in Military Women

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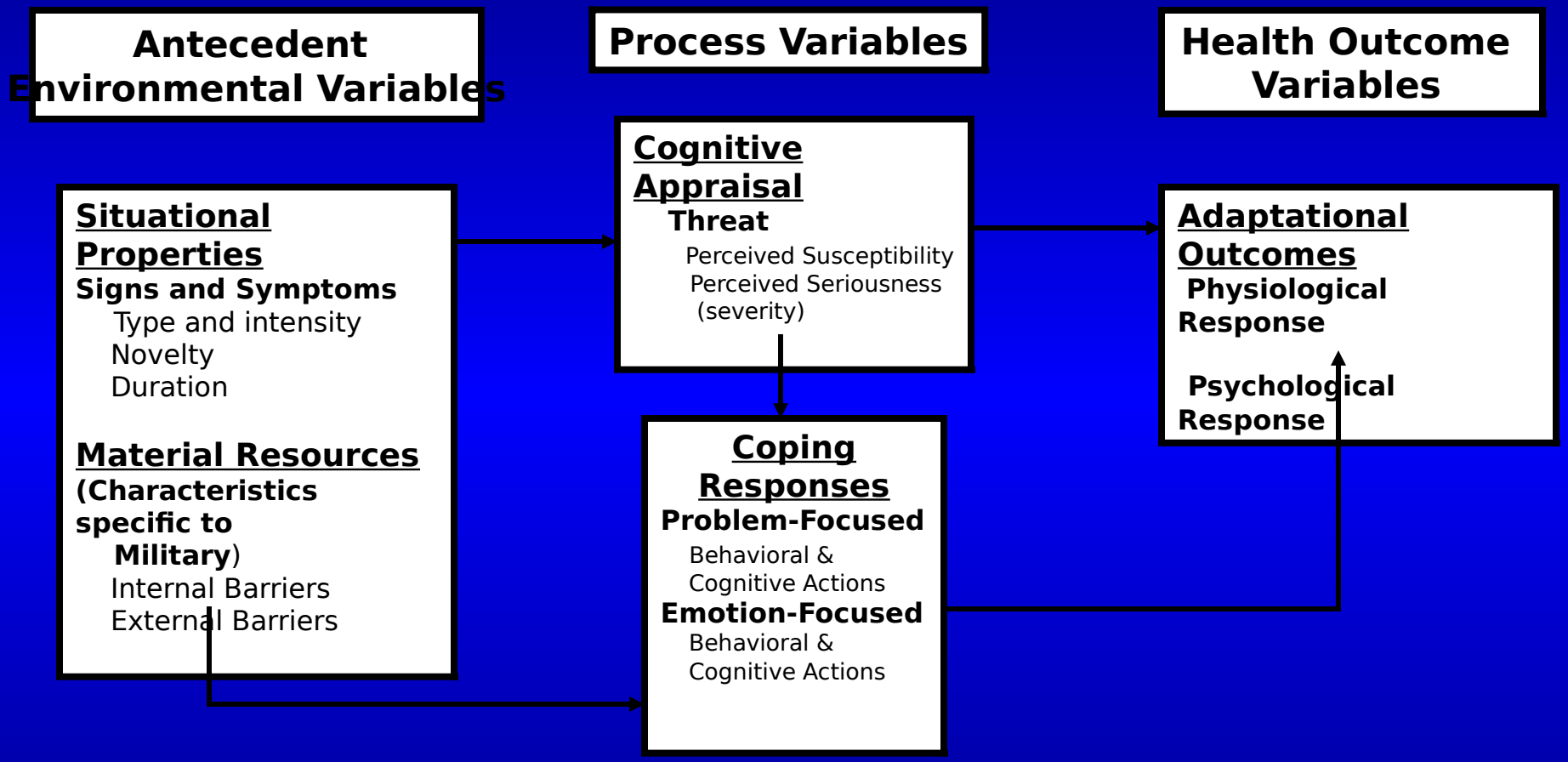
Process of Care Seeking

- Decision-making process inclusive of
  - Cognitive appraisal
    - Evaluation of the meaning and significance of the signs and symptoms
    - Classification of signs and symptoms as threatening
  - Coping
    - Selection of options for managing signs and symptoms
    - Represents behavioral and cognitive problem-focused and emotion-focused responses

Process of Care Seeking

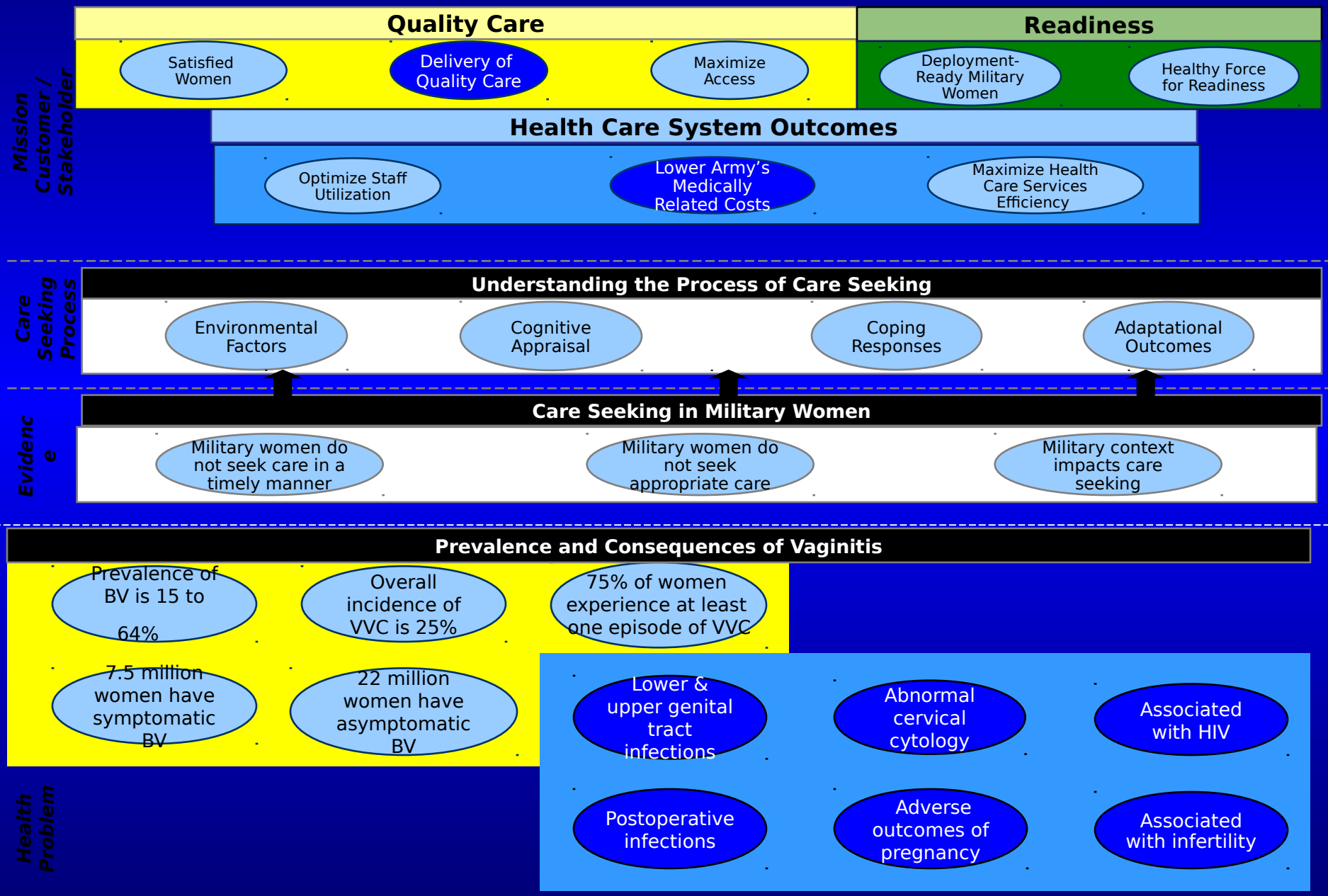
- Care seeking is a decision-making process inclusive of two factors: cognitive appraisal and coping
- Focused on responses for seeking care for initial experience of signs and symptoms
- Directed towards seeking care for acute health problems
- Not for management of chronic health problems
- Not for health promotion/disease prevention

Model of Care Seeking



Model based on Lazarus and Folkman's (1984) transactional *Theory of Stress and Coping*

Care Seeking in Military Women with Vaginitis


Mission Customer / Stakeholder
Quality Care
Readiness
Satisfied Women
Delivery of Quality Care
Maximize Access
Deployment-Ready Military Women
Healthy Force for Readiness
Health Care System Outcomes
Optimize Staff Utilization
Lower Army's Medically Related Costs
Maximize Health Care Services Efficiency
Care Seeking Process
Understanding the Process of Care Seeking
Environmental Factors
Cognitive Appraisal
Coping Responses
Adaptational Outcomes
Evidence
Care Seeking in Military Women
Military women do not seek care in a timely manner
Military women do not seek appropriate care
Military context impacts care seeking
Health Problem
Prevalence and Consequences of Vaginitis
Prevalence of BV is 15 to 64%
Overall incidence of VVC is 25%
75% of women experience at least one episode of VVC
7.5 million women have symptomatic BV
22 million women have asymptomatic BV
Lower & upper genital tract infections
Abnormal cervical cytology
Associated with HIV
Postoperative infections
Adverse outcomes of pregnancy
Associated with infertility

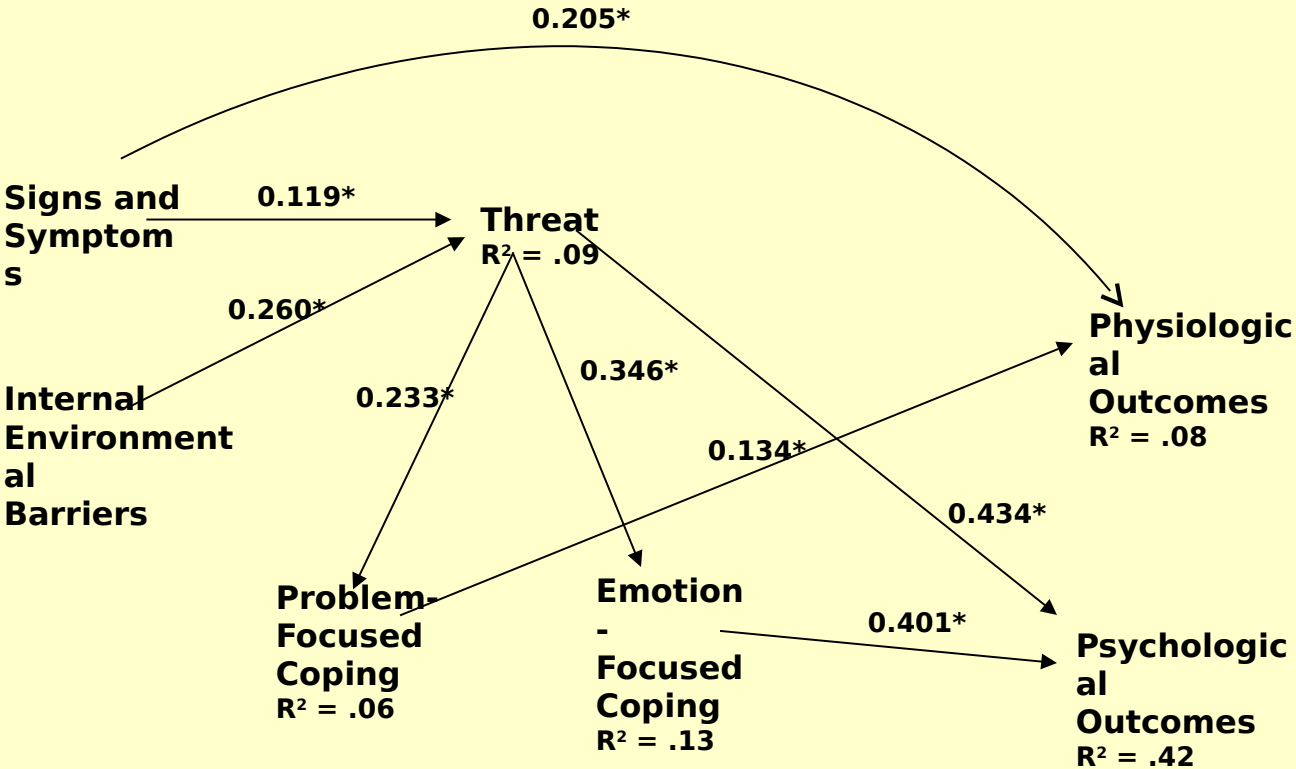
Methodology

- Sample: 300 military women
- Setting: out-patient clinic in community hospital located on a military installation
- Data collection:
  - Questionnaires
  - Physical examination and diagnostic testing
- Provision of appropriate care

Frequencies and Percentages for Sociodemographic Variables

Variable	Category	*f*	*P*
Marital Status	Single	188	62.7
	Single, living with partner	29	9.7
	Married	67	22.3
	Divorced	10	3.3
	Separated	6	2.0
Rank	E-1	134	44.7
	E-2	66	22.0
	E-3	74	24.7
	E-4	19	6.3
	E-5 or higher	6	2.0
	Missing	1	.3
Military Occupational Specialty	Communications	23	7.7
	Administration	75	25.0
	Health	111	37.0
	Other	51	17.0
	Missing	40	13.3
Unit	Basic training	109	36.3
	Advanced individual training	16	5.3
	Other	47	15.7
	Missing	128	42.7
Race	White/Caucasian	112	37.3
	Black/African-American	143	47.7
	Oriental/Asian-American	6	2.0
	Mexican-American/Latino/Hispanic	27	9.0
	Native American Indian	5	1.7

Results of Data Analysis



Path Diagrams with Coefficients for Revised Model

Implications

- **Signs and symptoms positively affected threat**
  - Reframe assessment of signs and symptoms
  - Address meanings, significance, misconceptions, and normal variations
- **Internal barriers (fear, discomfort, and embarrassment) positively affected threat**
  - Inform regarding signs and symptoms and purpose and process of clinical procedures
  - Facilitate personal control
  - Provide emotional support/reassurance regarding signs and symptoms common to vaginitis

Implications

- Threat positively affected problem-focused and emotion-focused coping
  - Assess and evaluate decision-making process: appraisal and coping
  - Reinforce appropriate appraisals and effective coping strategies
  - Reframe inappropriate appraisals and ineffective coping strategies

Implications

- Lack of significance between threat and physiological outcomes may have been due to incongruence in evaluation of signs and symptoms between participants and investigator
- May imply lack of understanding of experience of signs and symptoms
- Further examination of *symptom experience*

Implications

- Threat positively affected psychological outcomes
  - Address and identify emotions/feelings
  - Understand how the emotions are related to the appraisal process
  - Assist women with management of psychological distress
    - Social support systems
    - Emotional support
    - Information

Implications

- Problem-focused coping positively affected physiological outcomes
  - As problem-focused coping increased, level of acuity of vaginitis increased
  - Signs and symptoms failed to resolve despite increase in use of problem-focused coping
  - May suggest use of inappropriate problem-focused coping strategies
  - Facilitate critical thinking

Implications

- Emotion-focused coping positively affected psychological distress
  - Reflects nature of being in structured context
  - Constrained use of traditional problem-focused coping responses
  - Use of alternative, ineffective problem-focused responses
  - As signs and symptoms continued, emotional distress increased
  - As emotion-focused strategies were ineffective in resolving emotional distress due to unabated nature of signs and symptoms, psychological distress increased

Implications

- 42% of variance in psychological outcomes was accounted for by model
- Demonstrates significance of psychological outcomes
- Need to examine at what level of psychological distress do women seek care